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## Preferred developmental disabilities among prospective adoptive parents

Brooke Noelle Larson

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PREFERRED DEVELOPMENTAL DISABILITIES  
AMONG PROSPECTIVE ADOPTIVE PARENTS

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

---

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

---

by  
Brooke Noelle Larson

June 2007

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AMONG PROSPECTIVE ADOPTIVE PARENTS

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Brooke Noelle Larson

June 2007

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## ABSTRACT

The estimates of all children with a developmental disability who are waiting for adoption indicate that the numbers are between 30% and 50% (National Adoption Clearing House, 1999). Yet, there is very little research on the adoption of children with a developmental disability (Glidden, 2000). The purpose of this study is to explore the preferred developmental disabilities among prospective adoptive parents. This was done by using quantitative secondary data and qualitative analysis. Forty eight case records from an adoption agency were reviewed as well as interviews were conducted with 3 social workers from the agency were conducted. The findings of this study indicate that preferred developmental disabilities among prospective adoptive parents may reflect an absence of knowledge of developmental disabilities. Future trainings for social workers and parents may want to include accurate and timely information on non-preferred developmental disabilities in order to increase adoption rates.



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Thank you to Kinship Center and the social workers who participated in this research. Your contributions were invaluable.

Finally, thank you to my family and friends who stood by my side and were a support throughout the research process.

## DEDICATION

It is with love and thanks that I dedicate this research project to my mom, Sherry Larson. She has supported me both financially and emotionally for 24 years. Her love and support throughout the research process allowed me the freedom to explore and learn. Everything that I am, I owe to my mom. Thank you.

In loving memory of my Poppa and Grandpa who both passed away during my last quarter in the MSW program. They both had an appreciation for learning and education and I live with the knowledge that they both were proud of me.

Swen F. Larson

October 3, 1924 - May 1, 2007

and

Arthur K. Lovatt, Junior

March 12, 1920 - April 5, 2007

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## CHAPTER ONE

### INTRODUCTION

Finding a family for any child is a challenge, but for children with disabilities there are often extra difficulties (Cousins, 2005). This paper explores the issue of disability and adoption. Chapter one examines the general problem of special needs adoption, the more specific problem of developmental disabilities and adoption, and finally the significance of the project for social work practice.

#### Problem Statement

Children with special needs wait longer than other children for permanent new families and some never find a forever family (Cousins, 2005). Prospective adoptive parents have concerns about raising children with special needs and therefore are reluctant to consider them for adoption (Brooks, Allen, & Barth, 2002; Brooks, Wind, & Barth, 2002). Special needs include the following: older children, being prenatally exposed to drugs or alcohol; children needing to be adopted with a sibling; children having physical, medical or emotional disabilities (Brooks, Allen, & Barth, 2002). Nearly seventy percent of

children in foster care have at least one form of developmental or social impairment that reaches a level for clinical concern (National Survey of Child and Adolescent Well-Being Research Team, 2002). As such, child-welfare agencies are not able to find families for all of the children waiting for adoption, in particular for those children with special needs (Brooks, James, & Barth, 2002).

Studies indicate that there are viable solutions to the problem of the lack of adoption of children with special needs. In order to increase permanency for available foster children, child welfare-agencies and policy must continue to develop new approaches for serving children with special needs and their families (Brooks, James, & Barth, 2002). Some of the solutions are to target Caucasian parents for adoption of available children, increase recruitment practices, preparation and support of families of color, and greater reliance on alternative permanent placements such as open adoptions, kinship adoptions, guardianships and adoptions by gays, lesbians, and single parents (Brooks, James, & Barth, 2002).



The problem of the lack of adoption of children with special needs can be looked at from a macro, micro and policy perspective. The issue of adoption and special needs can be addressed from a macro perspective. Adoption agencies need to be aware of a reluctance or even discrimination that can occur with prospective parents regarding adopting children with special needs, in particular those with developmental disabilities. There are many barriers to the placement of special needs children in adoptive homes. Cousins (2005) writes, "Family-finding for any child other than a 'straightforward' baby is a challenge, but for 'disabled' children, often poses seemingly insuperable extra difficulties" (p. 6). Again, there are many problems and barriers to the placement of special needs children and they include: the recruitment, assessment and support of families, the profiling and placing of children, problems at the management level in the training and development of staff, and problems in the departmental structures and in diminished resources (Cousins, 2005). The main barrier, however, is the negativity and discrimination that affects people with impairments. Cousins argues that everyone involved in children's services and family

placement has a responsibility to promote the interests of special needs children by tackling the barriers that exist (2005).

As stated, the issue of adoption and disability can be addressed from a micro perspective. More education is needed for prospective adoptive parents. Farber, Timberlake, Mudd, and Cullen (1993) conducted a study in which prospective adoptive parents participated in Pre-Adopt, a psychosocial educational orientation program that included an exploration of the prospective adoptive parents concerns over certain characteristics of children in need of adoption. The results indicate that after the information was given regarding certain characteristics, there was an increased acceptance of adopting a child with special needs (Farber et al, 1993). This appears to indicate that if prospective adoptive parents are given training and education regarding the different special needs, the adoption of these children would increase.

By addressing the issue from a policy perspective, one can see that special needs adoption needs to be reemphasized in policy decisions. There is an existing policy that includes specifications for special needs children. The Adoption Assistance and Child Welfare Act

of 1980 (P.L. 96-272) was passed with the intention of decreasing the number of children entering care, shortening the time children spend in care, and increasing exits to adoption for special needs children by increasing the financial incentives for adoption (Brooks, James, & Barth, 2002). This policy is a good one, however, many people do not know that there are financial incentives for adopting special needs children. The policy could be strengthened through a mandate for adoption/foster agencies to educate prospective parents about the joys, difficulties and incentives for adopting special needs children.

#### Purpose of the Study

The purpose of the study is to examine prospective adoptive parents' perceptions of one particular group of special needs children waiting for adoption: those children with developmental disabilities. In order to understand the full implications that a developmental disability has on children waiting to be adopted, an explanation of a developmental disability is needed. A developmental disability refers to:

a severe and chronic disability that is attributable to a mental or physical impairment that begins before an individual reaches adulthood. These disabilities include mental retardation, cerebral palsy, epilepsy, autism, and disabling conditions closely related to mental retardation or requiring similar treatment. For an individual to be assessed in California as having a developmental disability, the disability must begin before the individual's 18th birthday, be expected to continue indefinitely and present a substantial disability. (Department of Developmental Services, 2006)

There is a range of issues that can come with having a child with a developmental disability. A developmental disability is a lifelong condition that comes with a variety of needs that many children do not have. In all cases, extra services are needed for the child; this includes, but is not limited to: physical therapists, occupational therapists, and neurologists. In addition, having a child with a disability causes additional stress, both emotionally, and physically on the parents, siblings, other family members, and friends (Birenbaum,

1970; Voysey, 1972; 1975; Scambler & Hopkins, 1986; West, 1986).

The estimates of all children with a developmental disability who are waiting for adoption indicate that the numbers are between 30% and 50% (National Adoption Clearing House, 1999). Research in adoption shows that people would prefer nondisabled children over disabled children (Chandra, Abma, Maza, & Bachrach, 1999). One study showed that over one-half, 54% of current seekers/planners would prefer to adopt a nondisabled child, but only one-third, 33% would accept a severely disabled child. Among previous adoption seekers, 70% would have preferred to adopt a nondisabled child and only 16% would have accepted a severely disabled child. The statistics for a mildly disabled child are slightly better, 83% of current seekers/planners and 81% of previous seekers would adopt, or would have accepted a mildly disabled child (Chandra et al., 1999). It can be seen that adoption of children with developmental disabilities is an issue that needs to be addressed.

This study examines the preferred developmental disabilities among prospective adoptive parents at Kinship Center, a private, non-profit, adoption/foster

agency. The location of the study is at Kinship Center. Kinship Center's main offices are in Salinas, California and there are satellite offices throughout California. However, the participants for the study come from Southern California, including, but not limited to San Bernardino County, Los Angeles County, and Orange County. The sample size includes records of 35-50 prospective adoptive parents from the Kinship Center's Southern California sites from the years 2005-2006.

The study is a quantitative as well as qualitative content analysis. Content analysis is defined as data created by others for reasons that do not have anything to do with the research study at hand (Grinnell & Unrau, 2005). The data comes from the Parenting Program Questionnaire that all prospective parents fill out when they first approach Kinship Center. The questionnaire consists of a checklist, in the form of a Likert scale, in which parents check off characteristics of children that they would definitely consider adopting, may consider adopting, or will not consider adopting. The characteristics included on the checklist include racial and cultural backgrounds, ages, physical problems, and psychological/behavioral problems. For the purpose of

this study, the focus is on four of the physical and psychological/behavior characteristics on this form. These include, epilepsy, orthopedic and/or muscular disorders (e.g. cerebral palsy, muscular dystrophy, polio, spina bifida), developmental delay, and mental retardation. These are the four developmental disabilities that are included on the checklist.

For the purpose of this study, the other characteristics of the children that are looked at are the age of the child and the racial/cultural background of the child. It is important to look at the age aspect of the child in question. Barth (1997) found that children 4-6 years old have five times lower odds than infants of being adopted rather than remaining in care. The Adoption and Foster Care Analysis and Reporting System Data show that most children waiting to be adopted are older than five years of age (Barth, 1997). Research has shown that black children who are disabled are more likely than non-disabled black children to be placed with white families (Simon, 2000). This study will add to the research on age and racial/cultural backgrounds and the effect it has on adoption of children with developmental disabilities.

Also included on the questionnaire are basic characteristics of the parents wanting to adopt. This includes their age, education, occupation, salary, race, religious affiliation, and nationality. The sexual orientations of the couples are not addressed as the Parenting Program Questionnaire does not include this information. Research has shown that single parents are not only a feasible choice for adopting children with special needs, but rather an untapped resource (Groze, 1991). This study will show whether it is single parents or couples that are more or less willing to adopt children with developmental disabilities. Other characteristics of the parents are important, and will also be examined.

In addition to the analysis of the Parenting Program Questionnaire, there were interviews with 3 social workers at Kinship Center regarding their experience with the preferences of adoptive parents in adopting children with developmental disabilities. There will be 3 social workers interviewed. This information will add to the data from parents on preferred developmental disabilities among prospective adoptive parents.



## Significance of the Project for Social Work

There has been minimal research done on disability and adoption, and in particular, on developmental disability and adoption. The Department of Public Welfare, along with private adoption agencies, all have concerns regarding the need for increasing the adoption of special needs children (The Department of Public Welfare, 1991). The results of this study will not only add to the literature on adoption and disability, but will give social workers information to use in practice. Preferred developmental preferences among prospective adoptive parents might reflect an absence of accurate knowledge about developmental disabilities that may affect parents' preferences. Thus, this study could inform social workers on what training is needed. Future trainings for prospective parents may want to include accurate and timely information on non-preferred disabilities in order to increase adoption rates among prospective parents.

In addition, if this study finds that single parents are more willing to adopt children with developmental disabilities than couples; more single parent families can be recruited. Single parents make up a significant

portion of the population and can be recruited for the purpose of adopting children with special needs (Groze, 1991). This study will also explore the age of children with developmental disabilities that parents are willing to adopt. This information, too, will allow social workers information that will help them to provide training and informational meetings to prospective parents about age and developmental disabilities.

The phase of the generalist intervention process that will be informed by the study is the assessment and implementation phase. This research will allow social workers, during the assessing phase, to determine which prospective parents need to be targeted for adoption with disabilities and which developmental disabilities need to be explained in training. It will allow social workers to implement trainings for explaining developmental disabilities and implement training for single versus couples. Therefore, this study's research question is which preferred developmental disabilities do prospective adoptive parents want to adopt?

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

There is very little research on the adoption of children with developmental disabilities (Glidden, 2000). Yet, there are estimates that approximately 50% of children who are legally free and waiting to be adopted have at least one developmental disability (Kroll, 1995; National Adoption Center, 1997). This chapter will explore the literature on developmental disabilities and adoption. Seven areas will be covered. These areas are: A) preferred developmental disabilities among adoptive parents, B) the age profile of adopted children, C) racial and cultural background of adopted child and prospective parent, D) the demographic profile of prospective adoptive parents, E) the obstacles to adoption of children with disabilities, F) training in relation to developmental disability and, G) the theory guiding the conceptualization of this study.

## Preferred Developmental Disabilities among Adoptive Parents

In the research studies that exist on adoption, many have subsections relating to developmental disabilities. This is the primary source of literature on developmental disabilities and adoption. These studies provide information regarding the range of developmental disabilities among adoptive parents. Marcenko and Smith (1991) completed a study on the post-adoption needs of families adopting children with developmental disabilities. Of the represented in the one hundred and twenty-five questionnaires that were returned, 70% of the adopted children had mental retardation, 34% had severe speech impairments, and 30% had cerebral palsy with seizure disorders (Marcenko & Smith, 1991).

In another study, Coyne and Brown (1985) conducted a research on agencies to determine how frequently children with developmental disabilities are adopted and the success of these adoptions. Staff of two hundred and ninety two agencies from Canada and the United States completed surveys. Of the 693 children placed 57% had mild impairments, 38% had moderate impairments, and 5% had severe impairments. These impairments included mental

retardation, cerebral palsy, uncontrolled epilepsy, autism, spina bifida, muscular dystrophy, sickle cell anemia, cystic fibrosis or a terminal illness. There was no relationship between placement disruption rate and the type of disability.

Glidden (1991) examined post-placement functioning in families that had adopted children with developmental disabilities. The sample consisted of 87 families who had adopted one or more child with a developmental disability or who were at risk for a developmental disability. Nineteen percent of the children had cerebral palsy, and 17% had Down Syndrome. Other disabilities included low birth weight, substance abuse by the mother during pregnancy, brain damage or other chromosomal or genetic causes. The parents with significant concerns before or during the early stages of adoption continued to have these same concerns five years after the adoption. While this body of literature provides some knowledge on the preferred developmental disabilities among prospective adoptive parents, the studies do not indicate specifically which developmental disability was preferred by the adoptive parents. This study will provide that information in relation to one adoption agency.

## Age Profile of Adopted Children

The second area of literature reviewed is that of the characteristics of age and adoption. Brooks, James, and Barth (2002) found that prospective parents are more interested in adopting infants and younger children than in adopting older children. Barth (1997) found that age has a significant association on the odds of adoption for children placed in out-of-home care. Children 4-6 years of age have five times lower odds than infants of getting adopted. The U.S. Adoption and Foster Care Analysis and Reporting System Data show that most children waiting to be adopted are children older than the age of five. Two percent of the children waiting to be adopted are under one year of age. The children between the ages of 6 and 10 years of age are the largest group of children waiting to be adopted at 35%. Those children between the ages of 1 and 5 are the next group of children waiting to be adopted at 34%, and finally the remaining 26% are children 12 years of age and older. Thus, it appears that there is a correlation between the age of a child and the rate at which that child is adopted. This is particularly true for those children waiting to be adopted with developmental disabilities.

The literature that exists regarding the age of adoption holds true even in adoption with 'normal' children age is a significant factor. In the Marcenko and Smith study, the average age at the time of adoption was 13. In the Coyne and Brown study of the 693 children placed, 4% were younger than 1 year at placement, 39% were preschool age, 45% were school age and 10% were 13 or older. In contrast to adoption of children with normal functioning, adoption of children with developmental disabilities indicate that young age does not necessarily predict an adoption. While there is a small amount of literature on age and adoption, my study will add to the research on children specifically with developmental disabilities and whether or not age is a factor in each specific developmental disability.

#### Racial and Cultural Background of Adopted Child

The third area of literature reviewed is that of the race and cultural background of the child. Race is considered as a special need in adoption (Rosenthal, Groze, & Curiel, 1990). Rosenthal, Groze, and Curiel writes that, "The older or handicapped minority child, the loser in a supply-demand market, is at risk of delay

in adoption, and of not being adopted" (p. 532). Thus, the child that is a minority and handicapped makes it more difficult to place that child for adoption as they are considered as having two special needs.

There is conflicting research on same-race adoption versus transracial adoption (Hollingsworth, 1998).

Hollingsworth (1998) writes, "Opponents of policies that protect same-race adoption assert that children of color are languishing in out-of-home care because they are being restricted from entering transracial adoption arrangements" (p. 104). The North American Council on Adoptable Children [NACAC] (Gilles & Kroll, 1991) states,

Placement of children with a family of like ethnic background is desirable because such families are likely to provide the special needs of minority children with the strengths that counter the ill effects of racism...The special needs of minority children who are of mixed ethnic background, school age, sibling groups or who have handicapping conditions should be considered in order to prevent unnecessary delays in placement. NACAC supports inclusion of multiethnic adoption as an option for children. (p. 37)



Minority children who have disabilities are more difficult to place, thus, research shows that transracial adoption will be beneficial for these children (Gilles & Kroll, 1991). There is research on the adoption of minority children and on adoption of children with disabilities, but here is a lack of research on the adoption of minority children with developmental disabilities. My study will add to the research on children specifically with developmental disabilities and whether or not their race is a factor in each specific developmental disability.

#### Demographic Profile of Prospective Adoptive Parents

The fourth area of literature that will be reviewed is that of the characteristics of the prospective adoptive person, whether that person is single or part of a couple. In the United States a new form of family emerged in the 1970s (Dougherty, 1978). This new family consisted of single mothers who were adopting one or more children. Agencies were looking for homes for the hard to place children, those children with mental or physical disabilities (Dougherty, 1978). Since this time there has been an increase in single parent adoptions, however,

single parents are still an untapped resource in adoption agencies (Groze, 1991).

Most of the research on adoption has focused on adoptive couples (Fisher, 2003). However, since the early 1990s there has been an increase in adoptions by those who are single. Single persons accounted for at least 15% of all adoptions in the United States by the year 2000 (Fisher, 2003). Some estimates approximate this number being as much as 10-25% of all adoptions (Haugaard, Palmer, & Wojslawowicz, 1999; Pertman 2001). Most of the single parents adopting are women (Pertman, 2001). In relation to special needs adoption, single parents constitute more than a quarter of the adoptions (Freundlich, 2000). In addition, nearly 1/3 of all children adopted from foster care are adopted by single women. Only 2% of the adoptions are by single men (Freundlich, 2000). While there is research on whether it is single persons or couples adopting children, there is a lack of research specifically on whether it is single persons or couples adopting children specifically with developmental disabilities. This study will add to that research.

## Obstacles to Adoption of Children with Disabilities

The fifth area reviewed is the obstacles that exist to the adoption of children with disabilities. There is literature on the obstacles that exist to the adoption of a child with developmental disabilities; this is one area of disabilities and adoption that is full of studies.

Wimmer and Richardson (1990) identified four obstacles prospective parents face when adopting a child with developmental disabilities. The first obstacle is the time required to recruit families and providing the special support services that the families need. The second obstacle is the lack of funding to provide ongoing post-adoption services and counseling needed by the families. The third obstacle was parents' explicit preferences for children with specific disabilities they found acceptable. Finally, many social workers did not suggest certain children to parents because of preconceived notions about which children they thought the prospective parents would prefer (Wimmer & Richardson, 1990).

Marx (1990) researched what families said about the obstacles in adopting children with disabilities. Ninety

percent of the families interviewed said that the two obstacles were concerns about the future of the child and getting support services to help the child. Two other minor obstacles were the negative reactions of other individuals toward the child and the resentment caused by unwanted praise for adopting an 'unwanted' child.

Another obstacle that exists is the lack of knowledge of the characteristics of the prospective parents whom are willing to adopt children with developmental disabilities. Brooks, James, and Barth (2002) wrote that it is not clear if there is a pool of prospective adoptive families that exists and that is interested in adopting children with developmental disabilities. They conducted a study on adoptive parents' preferences for certain characteristics in adoptive children. They found that 82% of the parents studied were at least slightly willing to adopt a foster child with disabilities. Thus, it appears that it is likely there is a pool of prospective parents in the world who would adopt children with developmental disabilities and other characteristics.

In each successive study there are underlying themes in relation to the obstacles that exist to the adoption

of children, in particular with those children who have developmental disabilities. This includes the intensive and extensive time that is needed to recruit families for the adoption of the developmentally disabled children (Wimmer & Richardson, 1990). The specialized supportive services needed are also a major recurring obstacle. In adoption agencies, the developmentally disabled child is the least served. One reason for this is that the number of staff hours required to make one placement is difficult to justify in the budget. Another reason is that the low numbers of placements can appear to be insignificant to agency and staff accomplishments (Wimmer & Richardson, 1990). Thus, there is substantial research on the obstacles that exist to the adoption of children with disabilities. This study will add to that research, in particular to the obstacles that exist in relation to the work of the social workers in adoption agencies.

#### Training about Developmental Disabilities

Research has noted that children with developmental disabilities are often considered unadoptable (Bohman, 1970; Kornitzer, 1952; Wolkomir, 1947). However, in recent years in social work, there has been a change in

the ideology and practice regarding the adoption of children with developmental disabilities (Glidden, 2000). This is because there has been substantial success behind training social workers about children with developmental disabilities (Cousins, 2005). This training has caused an increase in adoptions. Cousins (2005) writes that family finding specifically for disabled children is the wrong starting point. The specialized recruitment campaigns that adoption/foster agencies conduct is primarily good for the small number of people who have already set out to adopt a disabled child. These people are the easiest to attract because they are motivated to adopt children with developmental disabilities.

Children who are legally free for adoption need to be brought to the attention of potential adoptive families (Wimmer & Richardson, 1990). Many developmentally disabled children are not listed on exchanges or in photo listing books because social workers consider these children unadoptable. There needs to be ongoing public education as well as specialized recruitment and training of both prospective parents and social workers in order to increase the number of adoptions of children with developmental disabilities

(Wimmer & Richardson, 1990). It has been shown that training of prospective parents and social workers increases the adoption of developmentally disabled children (Farber et al., 2003). This study will point to what needs there are involving training about children with developmental disabilities, whether that be training social workers, prospective parents, or both.

#### Theory Guiding Conceptualization

There is no established theory on why children with developmental disabilities are not being adopted. However, the theory of stigma might be one reason why this phenomenon exists. In order to understand the theory of stigma as it relates to the lack of adoption of children with disabilities a definition of stigma is needed. Erving Goffman defines stigma as, "an attribute that is deeply discrediting...that reduces the individual from a whole and usual person to a tainted, discounted one" (Goffman, 1963, p. 3). People with disabilities are thought of as having a stigma (Goffman, 1963). There is a different level of stigma with each specific disability. For example, autism has a higher degree of stigma than does Down Syndrome (Gray, 2002).

Families of the disabled experience what Goffman (Goffman 1963) refers to as a "courtesy stigma" (Birenbaum 1970; Voysey 1972; 1975; Scambler & Hopkins 1986; West 1986). A courtesy stigma is when members of families of the disabled experience stigmatization because of their association with the stigmatized individual rather than through a characteristic that they have. They are looked at as "normal yet different" (Birenbaum 1970). In families that have a child with a disability, the courtesy stigma is attributed to the parents because they are members of the same family rather than because they actually have the disability (Gray, 2002). It has been noted that one obstacle to adoption is the fear of the negative reactions of other individuals (Marx, 1990). Thus, prospective parents adopting might have a fear of having a courtesy stigma as a result of adopting a child with a developmental disability.

In addition to prospective parents having a fear of a courtesy stigma, there is also the stigma that comes with adopting in general. Several sociologists have claimed that adoption is a source of stigma (Wegar, 1997; Miall, 1994; 1987). Link and Phelan (2001) define a



stigma as, "a social identity that is devalued in a particular social context (p. 365). With this definition of a stigma, adoption would be defined as a stigma (Fisher, 2003). Thus, not only would prospective parents have a courtesy stigma if they adopted a child with developmental disabilities, but they would also have the stigma of adoption in general. This might be one theory on why children with developmental disabilities are not being adopted, in particular specific types of developmental disabilities, as each developmental disability has a different level of stigma as noted above.

The bulk of research on adoption and children with developmental disabilities focuses on the post-placement adoption. The research examines the adjustment of the parents and children after the adoption has occurred. Yet, there is a dearth of research focusing on the pre-placement adoption of children with developmental disabilities. There is a lack of research on why there are so few adoptions and which developmental disabilities are preferred among prospective adoptive parents. This study will fill a gap in the present research and provide

motivation for future studies regarding adoption and developmental disabilities.

## CHAPTER THREE

### METHODS

#### Introduction

Chapter three describes the methods used in obtaining and analyzing the data for this study. In particular, this chapter describes study design, sampling, data collection and instruments, procedures, protection of human subjects, data analysis and finally an overall summary.

#### Study Design

The purpose of this study was to explore which preferred developmental disabilities prospective parents are willing to adopt by using both quantitative analysis of secondary data from the questionnaires and qualitative content analysis of interviews. This approach was used in this study as it was collecting quantitative data from the Parenting Program Questionnaire, which was secondary data already collected from prospective adoptive parents.

There was also a qualitative analysis of social workers at Kinship Center which allowed for an in-depth face-to-face interview of their opinion and experiences with prospective adoptive parents preferences of the

preferred developmental disabilities. Three of the social workers at Kinship Center, Santa Ana agreed to participate in the study. An e-mail from the Vice President at Kinship Center informed the social workers of the study, along with dates and times for the interviews. The interviews were no longer than an hour.

Developmental disability preferences among prospective adoptive parents might reflect an absence of accurate knowledge of developmental disabilities. Future trainings for social workers and parents may want to include accurate and timely information on non-preferred developmental disabilities in order to increase adoption rates. Therefore, the hypothesis of this study was that there are preferred developmental disabilities among prospective adopted parents. The limitation of this study was that while it showed the preferred developmental disabilities among prospective adoptive parents, it may not reveal possible reasons behind the parent's choice of preferred developmental disabilities.

### Sampling

This sample size for the record review included 48 Parenting Program Questionnaires from Kinship Center's

Southern California site; the total number of questionnaires from the years 2005-2006. All of the questionnaires that were examined were drawn from the files stored in the Southern California, Santa Ana office. The selection criteria were that the years on the Parenting Program Questionnaire be 2005-2006. These particular samples were drawn because the most current data for the agency was stored in the Southern California sites. The older data was stored in a warehouse in Monterey, California and was difficult to access. The data collection lasted approximately 16 hours.

The sample size for the qualitative research included 3 social workers from the entire population of social workers at Kinship Center's Southern California sites. The selection criterion was that the person be an adoption social worker at Kinship Center, Santa Ana. They were all full time employees, master's level graduates, and women.

#### Data Collection and Instruments

This study collected data on the following variables: age of the parent and child, gender of the child, ethnicity of the child and parent, the parent's

status as a single or a couple, the parent's education level, occupation, salary, and religious affiliation.

The prospective parent checked whether they would definitely consider, may consider, or will not consider adopting a child with four developmental disabilities.

These four developmental disabilities included:

orthopedic/ and or muscular disorders, developmentally delayed, epilepsy, and mental retardation. The variables were cross-tabulated with the preferred disabilities.

There were also interviews of social workers at Kinship Center. These questions elicited staff perception on the preferred developmental disabilities among prospective adoptive parents. The following questions were asked: when you first meet prospective parents do they bring up the idea of adopting a child with developmental disabilities or do you, what is your experience with prospective adoptive parents' openness to consider adopting a child with developmental disabilities, are there kinds of disabilities that the prospective parents seem more willing to consider, what have been their concerns regarding adopting a child with developmental disabilities, do you have any thoughts on how to increase their willingness or openness to consider

a child with developmental disabilities, and do you have any other thoughts on this that you would like to share.

There were weaknesses about both the quantitative portion of the research and the qualitative portion of the research. The parenting program questionnaire had no reliability. The interview questions might not have captured the respondents' honest answers as disability is a socially sensitive topic.

#### Procedures

A clearance form from the vice president of Kinship Center was obtained to access the data files. After approval the vice president directed the researcher to the records room. A data matrix was developed to unify the data. The data was gathered by pulling all of the Parenting Program Questionnaires from the pool of files maintained in the Santa Ana, Kinship Center office. All of the files from the years 2005-2006 were looked at. The data was gathered in the winter of 2007. The collection of the data lasted 16 hours. The data collected was put in a locked box by the researcher.

The data for the qualitative research was obtained through face-to-face interviews. The interviews lasted

for no more than an hour. The data was gathered in the winter of 2007. The total time allotted for the interviews was 6 hours. The data collected was put in a locked box by the researcher.

### Protection of Human Subjects

In order to protect case files anonymity while inputting the data, no case file names or other identifying information was recorded. Each case file was assigned a number for tracking purposes. None of the file's identifying information were used in the analysis or reporting of the findings. In order to protect the human subjects, individual responses were coded by numbers and any identifying data was kept separate from the responses. Each participant was given a brief explanation of the purpose and goal for the research study. Participation in the study was voluntary and each participant signed an informed consent form.

### Data Analysis

The data retrieved was analyzed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistical analyses included frequency, correlations and t-tests. Patterns in the data were



observed and noted. Themes from the interviews were reported via a content analysis.

#### Summary

The objective of this study was to identify the preferred developmental disabilities among prospective adoptive parents. This chapter described the design of the study, the sample population and the data collection methods and procedures. The methods used to insure the protection of human subjects was described. There was a description of the instruments used and data analysis methods employed were also reported.

## CHAPTER FOUR

### RESULTS

#### Introduction

This chapter will look at the secondary data collected from questionnaires in case files completed by forty-eight prospective adoptive parents. It will also look at current data collected from interviews with three adoption social workers. Findings are reported on the following: a) demographics of the sample, b) preferred children, c) preferred developmental disabilities, d) preferred psychological/behavioral problems, e) factors related to preferences, and f) interview data.

#### Presentation of the Findings

##### Demographics of the Sample

The quantitative portion of the study included a sample of 48 files.

This study provided a profile of a typical prospective adoptive parent(s). The typical parent is in a married/domestic partnership (81.6%), with parent #1 having a mean age of 41 (range = 27-63). Parent #2 has a mean age of 40 (range = 28-58). Over half of the couples are white (parent #1 = 65%; parent #2 = 59%). The

remaining couples were either Black (parent #1 = 10%; parent #2 = 4%), Hispanic (parent #1 = 6%; parent #2 = 8%), Asian (parent #1 = 2%; parent #2 = 4%) or unspecified race (parent #1 = 14%; parent #2 = 6%). About half of the parent #1 group has a Bachelors degree (49%) while the other parent is less likely to (22%).

A similar pattern is found occupationally. About 2/3 of parent #1 are managers, officials, or professionals (64%); while closer to 1/3 (37%) of parent #2 follows this pattern. The remaining occupations range from technicians to laborers and service workers.

Only a handful of both parents were not United States citizens (parent #1 = 4%; parent #2 = 18%). However, there was some missing data (parent #1 = 2%; parent #2 = 2%). This researcher believes the parents were confused when asked about nationality. They often wrote down their ethnic background, thus information is unreliable. Nevertheless, it is interesting to note the great diversity among the prospective adoptive parents. See pie chart on "background of parents." Appendix D.

When asked to report religious affiliation only 12% of parent #1 and 10% of parent #2 listed none. Sixty-three percent of parent #1 wrote in Christian or

Catholic, 55% of parent #2 wrote in Christian or Catholic. No one listed an Eastern religion e.g. Buddhist, Muslim. Almost half the parent(s) were childless (45%). Over 1/3 (37%) had two or more children and 19% had only one child. See charts in Appendix D for complete demographics.

#### Preferred Children

The general preferences for the gender of a prospective child included over half (59%) stating they would adopt either a boy or a girl. Twenty percent of the couple(s) stated they would prefer a girl and the remaining 14% stated they would prefer a boy.

The general preferences for the race of the prospective child varied. However, the most desired race was Caucasian. Ninety-four percent of the couple(s) stated they would consider adopting a Caucasian child. This is congruent with the race of the parents as 66-72% of both parents were Caucasian followed by Hispanic. Sixty-six percent responded that they would consider a "mixed race" child, race not specified.

Although 5-10% of the two parent couples were African American, among the couples considering race in a child almost 1/3 (31%) said they would not consider an

African American child. However, over  $\frac{1}{2}$  (71%) would consider a black/white child.

Not surprisingly, younger aged children were preferred. Seventy-one percent of the couple(s) stated they would consider adopting an infant. Ninety-four percent stated they would consider adopting a Preschooler ages 3-5. Eighty percent stated they would consider a school age child, ages 6-9, while only 53% of the couple(s) stated they would consider adopting a school age child ages 10-12. Only 41% of the couples stated they would consider a child age 13 or up.

#### Preferred Developmental Disabilities

Developmental disabilities are the focus of the researcher's interest. Listed below are the ratings of the preferred developmental disabilities among prospective adoptive parent(s). The categories "Definitely consider" and "May consider" were combined.

Table 1. Developmental Disabilities

Developmental Disabilities	Would or May Consider	Would Not Consider
Developmentally delayed	96%	2%
Epilepsy	37%	57%
Orthopedic and/or Muscular disorders	22%	76%
Mental Retardation	16%	80%

Prospective parent(s) would most consider a child with a developmental delay and least prefer a child with mental retardation.

#### Preferred Psychological/Behavioral Problems

While developmental disabilities are the focus of the researcher's interest, there are other disabilities on the parenting program questionnaire that should be brought to attention. Below are the ratings of preferred "physical problems" among prospective adoptive parent(s).

Table 2. Physical Problems

Physical problems	Would or May Consider	Would Not Consider
Speech problems	94%	4%
Prematurity	94%	4%
Respiratory disorders	86%	12%
Intrauterine drug exposure	84%	14%
Cosmetic	73%	22%
Impaired hearing/ Deafness	65%	33%
Congenital deformities	61%	37%
Heart disorders	57%	39%
Impaired sight/Blindness	55%	43%

It should be noted that the most preferred "physical problem" among prospective adoptive parents is speech problems, followed closely by prematurity. The least preferred physical problem is impaired sight/blindness although over ½ (55%) would consider a child with a visual disability. Still, the majority of the parents across the board were willing to consider adopting a child with any one of the above disabilities.

Below are the ratings of preferred "psychological/behavioral problems" among prospective adoptive parent(s).

Table 3. Behavioral Problems

Behavioral Problems	Would or May Consider	Would Not Consider
Withdrawn	96%	2%
No Background Information	96%	2%
Learning disorder	90%	4%
Physically or Sexually abused	84%	14%
Hyperactive	84%	14%
Emotionally disturbed	67%	31%
Incontinent	61%	37%
Tics, head banging, Masturbation	20%	78%

It should be noted that the most preferred behavioral problems among prospective adoptive parents are withdrawn children and children with no background information. The least preferred behavioral problem is tics, head banging and masturbation. Again, two thirds and above were willing to at least consider a child with an array of psychological or behavioral problems.

#### Factors Related to Preferences

Given the literature review, the researcher wanted to find out if there are any differences in preferences of developmental disabilities related to parent characteristics of marital status and race. In addition,



the researcher explored if there was a relationship between the preference in the age of the child and certain developmental disabilities.

Two T-tests were conducted to look at the mean differences between categorical groupings. The independent variables were the four developmental disabilities, epilepsy, developmentally delayed, mental retardation, and orthopedic and/or muscular disorders. These four independent variables were run against the dependent variables of single versus married/domestic partnership, and Caucasian versus ethnic minorities in regards to parent #1 and parent #2. In addition, the distribution of preferred disabilities by age group is displayed below.

The T-test of the four developmental disabilities and single versus married/domestic partnership showed significant difference among epilepsy (sig. = .000) and mental retardation (sig. = .007). Parents who are married or in a domestic partnership are more likely to consider adopting a child with epilepsy (t-score = 1.44) than are single parents. However, single parents are more likely to adopt a child with mental retardation (t-score = 1.43). There was no significant difference

between single versus married/domestic partnership and considering adopting developmentally delayed children or children with orthopedic and/or muscular disorders.

The T-test of the four developmental disabilities and the race of parent #1, Caucasian or ethnic minorities showed a significant difference among epilepsy (sig. = .01) and mental retardation (sig. = .05). Caucasians would more likely consider adopting a child with epilepsy (t-score = 1.45) than would ethnic minorities (t-score = 1.27), while ethnic minorities (t-score = 1.25) would more likely consider adopting a child with mental retardation (t-score = 1.13). There was no significant difference between Caucasian versus ethnic minorities and adopting developmentally delayed children or children with orthopedic and/or muscular disorders.

The T-test of the four developmental disabilities and the race of parent #2, Caucasian or ethnic minorities showed a significant difference among developmentally delayed (sig. = .001), mental retardation (sig. = .001) and orthopedic and/or muscular disorders (sig. = .004). Caucasian's would more likely consider adopting a child with a developmental delay (t-score = 2.00) than ethnic minorities (t-score = 1.91). Caucasian parents would more

likely adopt a child with mental retardation (t-score = 1.17) than ethnic minorities (t-score = 1.00). Caucasian parents would more likely adopt a child with orthopedic and/or muscular disorders (t-score = 1.28) than ethnic minorities (t-score = 1.09). There was no significant difference between Caucasian versus ethnic minorities and adopting children with epilepsy.

In looking at race across both parents, Caucasians were more likely to consider a child with epilepsy, a developmental delay, mental retardation, or orthopedic and/or muscular disorders. The only disability preferred by ethnic minority parent #2 over the Caucasian parents in that group was mental retardation.

The distribution of preferred developmental disabilities, epilepsy, developmentally delayed, mental retardation, and orthopedic and/or muscular disorders were looked at according to the age of the child. Below are the ratings of preferred disabilities across age groups.

Table 4. Ratings of Preferred Disabilities Across Age Groups

Infant 0-2 years	Would or May Consider	Would Not Consider
Developmentally Delayed	45	1
Mental Retardation	7	38
Epilepsy	16	28
Orthopedic and/or Muscular disorders	10	36
Preschooler 3-5 years	Would or May Consider	Would Not Consider
Developmentally Delayed	46	1
Mental Retardation	8	38
Epilepsy	18	27
Orthopedic and/or Muscular disorders	11	36
School age 6-9 years	Would or May Consider	Would Not Consider
Developmentally Delayed	46	1
Mental Retardation	8	38
Epilepsy	18	27
Orthopedic and/or Muscular disorders	11	36
School age 10-12 years	Would or May Consider	Would Not Consider
Developmentally Delayed	47	1
Mental Retardation	8	39
Epilepsy	18	28
Orthopedic and/or Muscular disorders	11	37
School age 10-12 years	Would or May Consider	Would Not Consider
Developmentally Delayed	46	1
Mental Retardation	8	38
Epilepsy	18	27
Orthopedic and/or Muscular disorders	11	36

A pattern emerges. The most preferred developmental disability across all the ages including infant 0-2, preschooler 3-5, school age 6-9 years, school age 10-12 years and school 13 years and up: was developmentally delayed, followed by epilepsy, orthopedic and/or muscular disorders and finally mental retardation.

#### Interview Data

The qualitative portion of the study included interviews with three social workers from Kinship Center. All three of the subjects were Masters level graduates and women.

When asked who brings up the idea of adopting a child with a developmental disability, them or the prospective parent(s), two out of three said the parent(s) bring up the idea. All three mentioned the Parenting Program Questionnaire as a factor in this discussion.

The social workers were asked what their experiences were with prospective adoptive parents' openness to consider adopting a child with a developmental disability. All three said that the parents were not very open to it. One social worker said, "They want a designer baby."

The three social workers all said that prospective parents seem more willing to consider adopting children with "medically correctable" disabilities. The least preferred child was children with severe disabilities such as mental retardation, in other words, those disabilities that were not correctable.

The social workers all mentioned different concerns prospective parents have regarding adopting a child with developmental disabilities. One mentioned that they are concerned that they will not know how to care for the child; they are not prepared to handle disabilities. Another mentioned that they are afraid that if they already have a child, the child with disabilities will take away attention from the other child.

The social workers were asked about any ideas they had on how to increase the parents' willingness to consider a child with developmental disabilities. One social worker said that if you discuss the issue, they sometimes become more willing; if you remind them that even with a biological child they are taking a risk, they might reconsider. Another social worker said, "There is a small window of inspiration when there is exploration." Lastly, one social worker said, "education" would be a

good idea and might increase the chance of parents' adopting a child with a developmental disability.

### Summary

This study provided several types of significant information. It was found that the most preferred developmental disability was developmental delay and the least preferred developmental disability was mental retardation. Married/domestic partnerships are more likely to consider adopting a child with epilepsy, while single people are more likely to consider adopting a child with mental retardation. With both parents, Caucasians were more likely than minority parents to consider a child with epilepsy, a developmental delay, mental retardation, or orthopedic and/or muscular disorders. The only disability preferred by ethnic minority parent #2 over the Caucasian parents in that group was mental retardation. Younger children with developmental delays are preferred to older children. Finally, the interviews with the three social workers showed that there are many obstacles to adopting a child with developmental disabilities.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

This chapter will discuss the conclusions of the results found in the study, the limitations identified in the study and the recommendations for social work practice, policy, and research.

#### Discussion

The primary focus of this study was the preferred developmental disabilities among prospective adoptive parents. No previous study indicates specifically which developmental disability is preferred by prospective adoptive parents. This study indicated that a developmentally delayed child is most preferred followed by a child with epilepsy, orthopedic and/or muscular disorders. This is consistent with the findings of Chandra et al., 1999, that 83% of current seekers/planners and 81% of previous seekers would adopt, or would have adopted a mildly disabled child. The least preferred is a child with mental retardation. Further research is needed on why prospective parents have these preferences.



However, this researcher thinks prospective parent(s) may not be aware of what a developmental delay, is or of the definitions of the other developmental disabilities. The parents-to-be might believe that a developmental delay is like a learning disability. It's possible that the prospective parent(s) might assume that the child has an average intelligence, and at this point might just be delayed and will be able to catch up.

This study also examined the preferred physical problems and behavioral problems among prospective adoptive parents. Results indicate that the majority of the parent(s) were willing to consider adopting a child with any form of a physical disability. The majority of parents were also willing to adopt children with behavioral problems with the exception of tics, head banging, and masturbation. Given some of the comments from the staff interviews this researcher believes that the prospective parent(s) may assume that physical and behavioral problems are correctable and therefore may be more willing to consider adopting these children.

This study examined whether or not there were any differences in preferences of developmental disabilities related to parent characteristics of marital status and

race. In addition the study examined if there was a relationship between the preference in the age of the child and certain developmental disabilities.

Results show that married/domestic partnership parents are more likely to adopt a child with epilepsy while single parents are more likely to adopt a child with mental retardation. Previous research has indicated that single parents are an untapped resource in adoption agencies (Groze, 1991). Single parents account for many of the adoptions of special needs children (Freundlich, 2000). Thus, it is not surprising that in this study single parents are more willing to adopt more severe developmental disabilities than married/domestic partnership parents. However, again, it could be that the prospective parent(s) are not educated on the different developmental disabilities, and the range of issues that come with these disabilities, good and challenging. It could also be that single parents may feel vulnerable or concerned that because they are a single parent they may not be chosen and are therefore more willing to accept children with mental retardation as a result.

Results on the preferred developmental disabilities and race, of parent #1 indicate that Caucasians are more

likely to consider adopting a child with epilepsy while ethnic minorities would more likely consider adopting a child with mental retardation. Parent #2 would more likely consider adopting a child with a developmental delay, mental retardation, and orthopedic and/or muscular disorders than ethnic minorities. As a result of the parents in this study being separated into parent #1 and parent #2, it is difficult to come to a conclusion on why Caucasians and ethnic minorities prefer certain developmental disabilities over another disability.

Previous research has shown that there is a tolerance toward adoption of mixed race or transracial children. Given the mixed ethnic backgrounds of the subjects in this study, this seems to make sense. The North American Council on Adoptable Children [NACAC] states that they support the inclusion of multiethnic adoption as an option for children. (Gilles & Kroll, 1991). Thus, this information can be used to recruit mixed race parents to adopt children with developmental disabilities.

The most preferred developmental disability across all the ages was a developmental delay. Again, this

researcher believes the prospective parent(s) may well be unaware of what a developmental delay actually is.

Data from the three staff interviews indicate that there are obstacles to prospective parent(s) willingness to adopt a child with developmental disabilities.

Previous research has suggested that many adoption social workers do not suggest certain children to parents because of their own preconceived notions about which children they thought the prospective parents would prefer (Wimmer and Richardson, 1990). The interview data suggests that this is true. One social worker stated, "I don't want to push or test their boundaries."

Other obstacles to the adoption of children with developmental disabilities expressed by the staff include: concerns that they will not know how to care for them; they are not prepared to handle a child with such difficulties; they don't want to take attention away from other children; and the disabilities may not be medically correctable. These results concur with prior research (Marx, 1990; Wimmer and Richardson, 1990).

## Limitations

There were several limitations to the information gathered as a result of this study. The sample size was small; only 48 Parenting Program Questionnaires were reviewed, which limits the amount of information gathered. The sample size for the interviews was also small. More interviews might have given a better range of reasons why the parent(s) had the preferences that they did regarding developmental disabilities, and what might be needed to increase the number of adoptions of children with developmental disabilities.

Another limitation was the Parenting Program Questionnaire itself. The developmental disabilities are not listed in separate categories of the legal definitions, such as autism, cerebral palsy, epilepsy, and mental retardation. Some of the labeling categories may be problematic e.g. "tics, head banging, and masturbation." This makes it difficult for the prospective parents to know precisely which disability falls under the umbrella of which "problem" on the questionnaire.

## Recommendations for Social Work Practice, Policy and Research

The information gathered in this study leads to several possible recommendations for future social work practice. The results indicate that prospective parent(s) are not overly willing to consider adopting children with developmental disabilities. The preferred developmental disabilities among prospective adoptive parents may reflect an absence of knowledge of developmental disabilities. Future trainings for social workers and parents might include accurate and timely information on all developmental disabilities. In addition, trainings on ways to approach prospective parent(s) on the adoption of children with developmental disabilities might increase the rate of adoptions as was the case in the Farber, Timberlake, Mudd, and Cullen study (1993).

Adoption agencies may want to consider creating information packets on the adoption of children with developmental disabilities that includes information on developmental disabilities, what to expect, and resources for children with developmental disabilities, such as the availability of Regional Centers for people with developmental disabilities. Additional resource

information could be given on other agencies and programs that assist families with all kinds of disabilities. E.G. California Children's Services, special need adoption assistance, parent groups, etc. An idea might be to have interns create this packet of information for a macro project for a learning experience.

As noted above in limitations, adoption agencies need to examine how they categorize developmental disabilities in their questionnaires to prospective parent(s). They may want to separate developmental disabilities from the rest of the disabilities.

### Conclusions

The purpose of this study was to examine the preferred developmental disabilities among prospective adoptive parents. The results of this study indicate that although there is a willingness on the part of some parents to consider a child with a disability, there may be a need for more information on specific disabilities to help open a dialogue with parents on this topic.

Revision of the Parenting Program Questionnaire and training/orientation sessions for parents regarding adopting children with special needs might also be useful

to increase parental consideration of the adoption of  
these children.



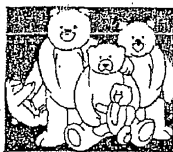
APPENDIX A  
INTERVIEW QUESTIONS

## **INTERVIEW QUESTIONS**

1. When you first meet prospective parents do they bring up the idea of adopting a child with a developmental disability, or do you?
2. What is your experience with prospective adoptive parents' openness to consider a child with developmental disabilities?
3. Are there kinds of disabilities that the prospective parents seem more willing to consider? Less willing to consider?
4. What have been their concerns regarding adopting a child with developmental disabilities?
5. Do you have any thoughts on how to increase their willingness or openness to consider a child with developmental disabilities?

APPENDIX B  
QUESTIONNAIRE

# KINSHIP



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124 RIVER ROAD  
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www.kinshipcenter.org

SOUTHERN CALIFORNIA  
1504 BROOKHOLLOW DRIVE, SUITE 118  
SANTA ANA, CA 92705  
(714) 979-2365 FAX (714) 979-8135  
www.kinshipcenter.org

## PARENTING PROGRAM QUESTIONNAIRE

Date \_\_\_\_\_

Interest in: (circle those that apply)

Adoption    Foster Care    Both

We value your concern for children and your interest in adoption/foster care. However, as the Center can serve only the number of families for the children in need of homes, we cannot assure a continuation of service to all who return a Questionnaire. If you wish to file with this understanding, please return this form within 30 days.

Date of Information Meeting \_\_\_\_\_

Name (Applicant #1) \_\_\_\_\_  
last first middle

Name (Applicant #2) \_\_\_\_\_  
maiden/last first middle

Address \_\_\_\_\_  
street city state zip

Marriage \_\_\_\_\_ Phone \_\_\_\_\_  
date place

	APPLICANT #1	APPLICANT #2
Birthdate <i>2/6/5</i>		
Birthplace		
Citizenship		
Education		
Occupation		
Salary		
Race		
Religious Affiliation		
Nationality Background		
Previous Marriages (# of times)		

If you are unable to have children biologically, give reason \_\_\_\_\_

I/we are involved in planning an independent adoption: yes\_\_\_\_ no\_\_\_\_

I/we have applied to another Adoption Agency: yes\_\_\_\_ no\_\_\_\_

I/we are interested in Intercountry Adoptions: yes\_\_\_\_ no\_\_\_\_

NAMES OF CHILDREN	BIRTH DATE	SCHOOL	IF ADOPTED, DATE & PLACE

In order to begin determining your flexibility and to assist us in finding homes for children, we would like you to complete the following graphs. Please check according to what you feel you could accept in a child. Answers should reflect the feelings of husband, wife, and children. Remember, a child may fall into many categories.

Sex of Child: Girl\_\_\_\_ Boy\_\_\_\_

We are interested in siblings: yes\_\_\_\_ no\_\_\_\_

Racial and Cultural Backgrounds:

(This does not apply to foster care)

	DEFINITELY	MAY CONSIDER	WILL NOT CONSIDER
1. Caucasian (White)			
2. Black			
3. Black/White			
4. Hispanic			
5. American Indian			
6. Asian			
7. Other			
8. Combination of two or more of the above. Indicate which.			

AGES	DEFINITELY CONSIDER	MAY CONSIDER	WILL NOT CONSIDER
Infant 0-2 years			
Preschooler 3-5 years			
School age 6-9 years			
School age 10-12 years			
School 13 years & up			

PHYSICAL PROBLEMS	DEFINITELY CONSIDER	MAY CONSIDER	WILL NOT CONSIDER
Heart or blood disorders			
Impaired sight/blindness			
Impaired hearing/deafness			
Respiratory disorders (e.g. asthma, cystic fibrosis)			
Epilepsy			
Orthopedic and/or muscular disorders (e.g. Cerebral Palsy, Muscular Dystrophy, Polio, Spina Bifida)			
Speech problems (emotional or physical)			
Cosmetic (serious birthmarks, harelip, etc.)			
Prematurity			
Developmentally delayed			
Congenital deformities/missing digits or limbs			
Intrauterine drug exposure			
PSYCHOLOGICAL/BEHAVIORAL PROBLEMS	DEFINITELY CONSIDER	MAY CONSIDER	WILL NOT CONSIDER
Mental Retardation			
Learning Disorder			
Hyperactive			
Withdrawn			
Emotionally Disturbed (in need of treatment)			
Incontinent (bladder or bowel)			
Tics, Head Banging, Masturbation, etc.			
Physically or sexually abused			
No background information			

*We give you everything.*

*You may not know B/F info*

How would you feel about the child in your home having continued contact with his/her biological <sup>families</sup> ~~parents~~

Additional information you may wish to share

Applicant #1 signature

Applicant #2 signature

APPENDIX C  
INFORMED CONSENT



## **INFORMED CONSENT**

The study in which you are being asked to participate is designed to examine the preferred developmental disabilities among prospective adoptive parents. This study is being conducted by Brooke Noelle Larson under the supervision of Dr. Nancy Mary, Professor of Social Work. This study has been approved by the Institutional Review Board Social Work Subcommittee, California State University, San Bernardino.

In this study you will be asked to respond to several questions regarding preferred developmental disabilities among prospective adoptive parents. The task should take about ten to twenty minutes to complete. All of your responses will be held in the strictest of confidence by the researchers. Your name will not be reported with your responses. All data will be reported in group form only. You may receive the group results of this study upon completion on June 17, 2007 at the following location: Pfau Library, California State University, San Bernardino.

Your participation in this study is totally voluntary. You are free not to answer any questions and withdraw at any time during this study without penalty. When you have completed the task, you will receive a debriefing statement describing the study in more detail. In order to ensure to validity of the study, we ask that you not discuss this study with other participants. This study will be beneficial to the agency and you, as it will provide information regarding the potential for biases and the pattern for biases among both adoption social workers and prospective parents. There is a potential risk for participants of this study. The questions presented might raise concerns in you regarding the use of the information gathered.

If you have any questions or concerns about this study, please fell free to contact Dr. Nancy Mary at 909-537-5560.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

**Place a check mark here** ☐

**Today's date:** \_\_\_\_\_

Signature: \_\_\_\_\_  
Participant

Date: \_\_\_\_\_

APPENDIX D

DEBRIEFING STATEMENT

## **DEBRIEFING STATEMENT**

This study you have just completed was designed to examine the preferred developmental disabilities among prospective adoptive parents. Preferred developmental disability preferences among prospective adoptive parents might reflect an absence of accurate knowledge of developmental disabilities. Future trainings for social workers and parents may want to include accurate and timely information on non-preferred developmental disabilities in order to increase adoption rates. The results of this study will hopefully reflect the information necessary to increase the adoption of children with preferred developmental disabilities.

Thank you for your participation and for not discussing the contents of the decision question with other participants. If you have any questions about the study, please feel free to contact Brooke Noelle Larson or Professor Nancy Mary at 909-537-5560. If you would like to obtain a copy of the group results of this study, please contact the Pfau Library or Kinship Center.

## APPENDIX E

### RESULTS

# KINSHIP



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## PARENTING PROGRAM QUESTIONNAIRE

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Date of Information Meeting \_\_\_\_\_

Name (Applicant #1) \_\_\_\_\_  
last first middle

Name (Applicant #2) \_\_\_\_\_  
maiden/last first middle

Address \_\_\_\_\_  
street city state zip

Marriage \_\_\_\_\_ Phone \_\_\_\_\_  
date place

	APPLICANT #1	APPLICANT #2
Age Mean/Range	41 / 27-63	40 / 28-58
Birthplace CA / Other State / Outside US	56% / 31% / 13%	58% / 43% / 10%
Citizenship Yes / No / Missing	94% / 4% / 2%	80% / 0% / 2%
Education See Visual		
Occupation See Visual		
Salary See Visual		
Race White / black / Hispanic / Asian / other	67% / 10% / 6% / 2% / 15%	73% / 8% / 10% / 5% / 8%
Religious Affiliation See Visual		
Nationality Background See Visual		
Previous Marriages (# of times) None / 1 / 2 / More than 2	68% / 26% / 4% / 2%	75% / 18% / 8% / 0%

Marriage / domestic partnership (83%) versus single (17%)

If you are unable to have children biologically, give reason \_\_\_\_\_

I/we are involved in planning an independent adoption: yes\_\_\_\_ no\_\_\_\_

I/we have applied to another Adoption Agency: yes\_\_\_\_ no\_\_\_\_

I/we are interested in Intercountry Adoptions: yes\_\_\_\_ no\_\_\_\_

Data  
not  
collected

NAMES OF CHILDREN	BIRTHDATE	SCHOOL	IF ADOPTED, DATE & PLACE
Number of Children			
No More Children / 1 / 2 / 3 / 4 / than 4		51% / 21% / 7% / 14% / 5% / 2%	

In order to begin determining your flexibility and to assist us in finding homes for children, we would like you to complete the following graphs. Please check according to what you feel you could accept in a child. Answers should reflect the feelings of husband, wife, and children. Remember, a child may fall into many categories.

Sex of Child: Girl 22% Boy 15% Both 22%

We are interested in siblings: yes\_\_\_\_ no\_\_\_\_ Data not collected.

Racial and Cultural Backgrounds:

(This does not apply to foster care)

Combined in study

	DEFINITELY	MAY CONSIDER	WILL NOT CONSIDER
1. Caucasian (White)	96%		4%
2. Black	67%		33%
3. Black/White	76%		24%
4. Hispanic	85%		15%
5. American Indian	83%		17%
6. Asian	80%		20%
7. Other	86%		14%
8. Combination of two or more of the above. Indicate which.			

AGES	DEFINITELY CONSIDER	MAY CONSIDER	WILL NOT CONSIDER
Infant 0-2 years	76%		24%
Preschooler 3-5 years	98%		2%
School age 6-9 years	83%		17%
School age 10-12 years	54%		46%
School 13 years & up	43%		57%

See Table 2

PHYSICAL PROBLEMS	DEFINITELY CONSIDER	MAY CONSIDER	WILL NOT CONSIDER
Heart or blood disorders			
Impaired sight/blindness			
Impaired hearing/deafness			
Respiratory disorders (e.g. asthma, cystic fibrosis)			
Epilepsy			
Orthopedic and/or muscular disorders (e.g. Cerebral Palsy, Muscular Dystrophy, Polio, Spina Bifida)			
Speech problems (emotional or physical)			
Cosmetic (serious birthmarks, harelip, etc.)			
Prematurity			
Developmentally delayed			
Congenital deformities/missing digits or limbs			
Intrauterine drug exposure			
PSYCHOLOGICAL/BEHAVIORAL PROBLEMS	DEFINITELY CONSIDER	MAY CONSIDER	WILL NOT CONSIDER
Mental Retardation See Table 3			
Learning Disorder			
Hyperactive			
Withdrawn			
Emotionally Disturbed (in need of treatment)			
Incontinent (bladder or bowel)			
Tics, Head Banging, Masturbation, etc.			
Physically or sexually abused			
No background information			

*We give you everything;  
you may not know BIF info*

How would you feel about the child in your home having continued contact with his/her biological <sup>families</sup> ~~parents~~

Additional information you may wish to share

Data not collected

Applicant #1 signature

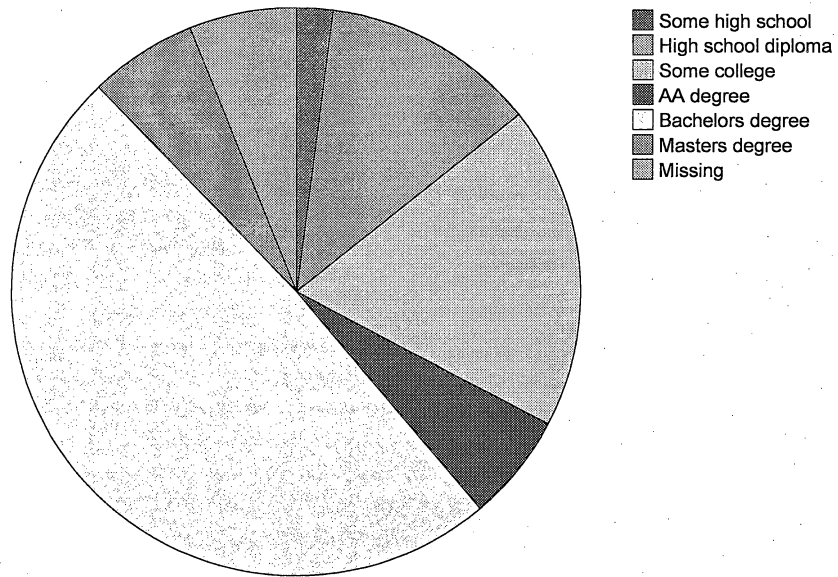
Applicant #2 signature



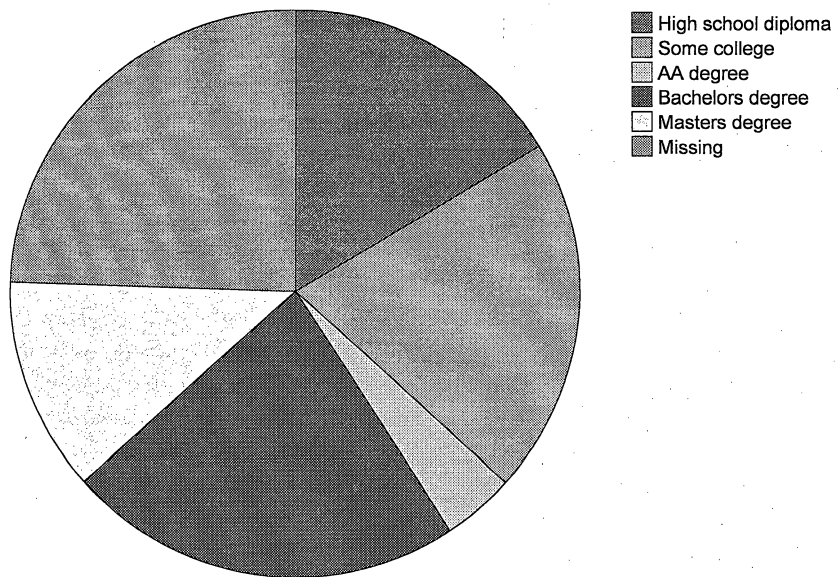
## APPENDIX F

### CHARTS

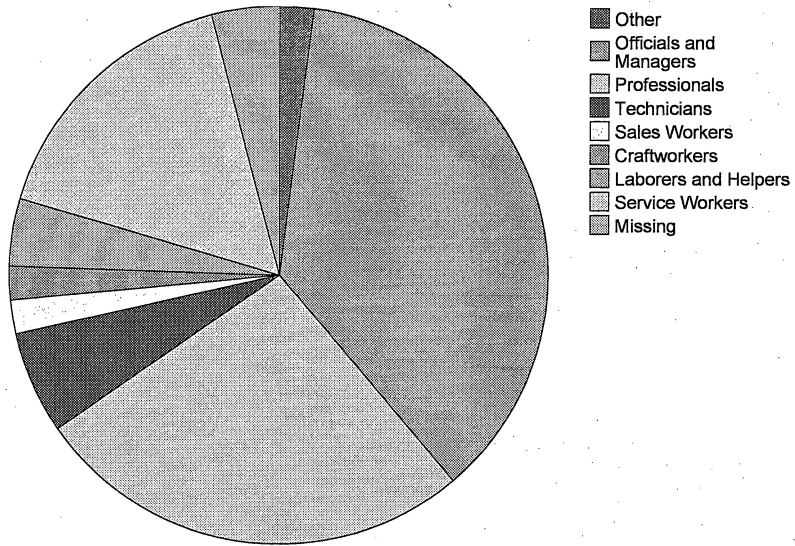
**Level of Education of Parent #1**



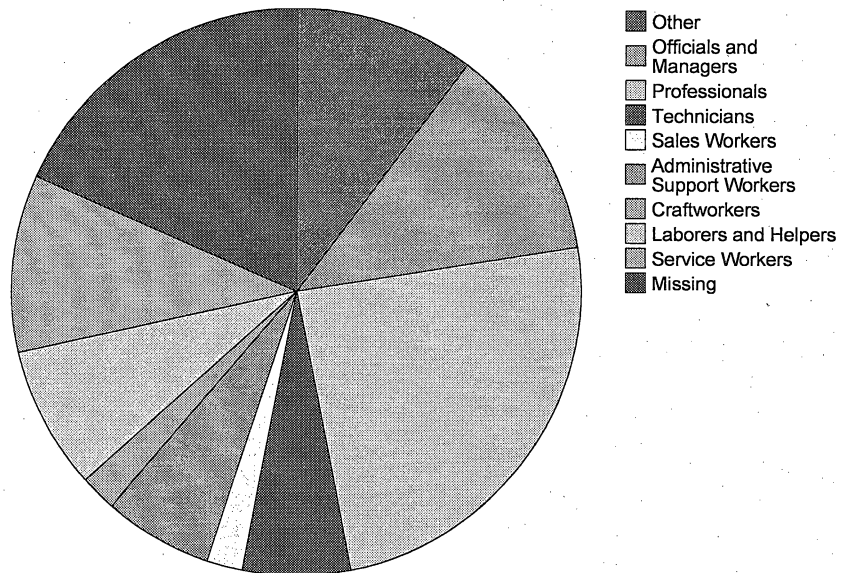
**Level of Education of Parent #2**



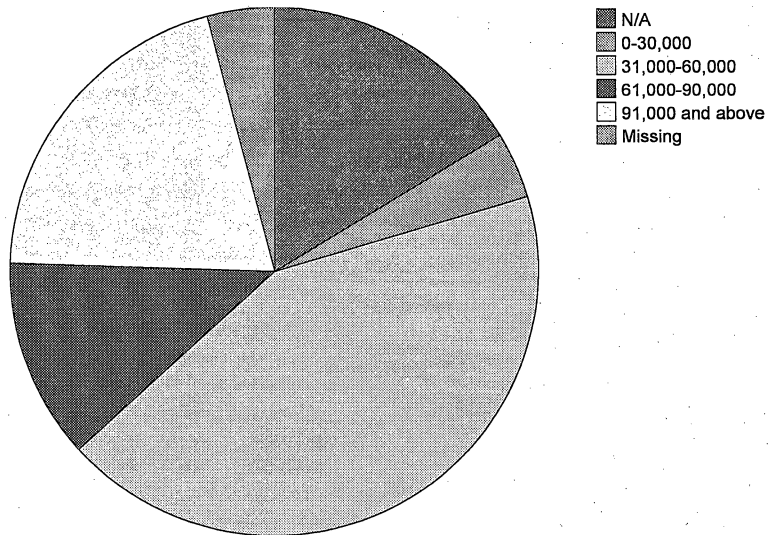
**Occupation of Parent #1**



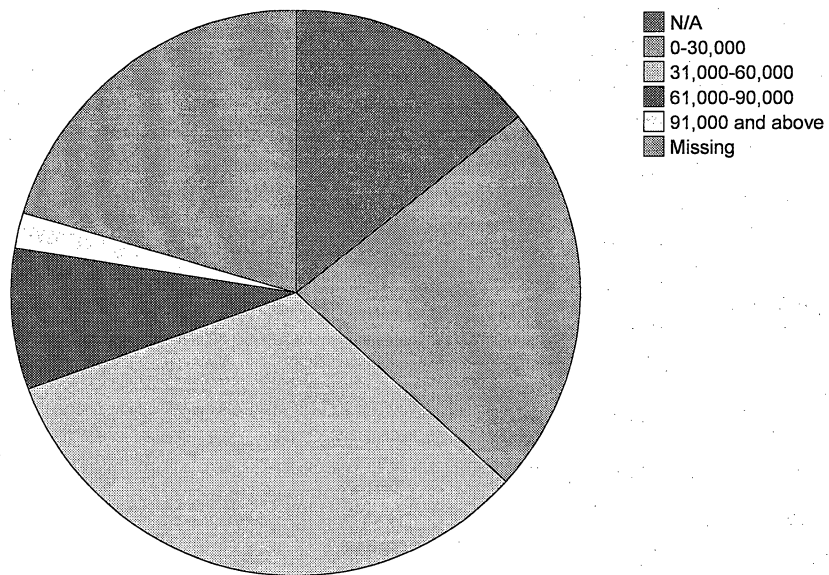
**Occupation of Parent #2**



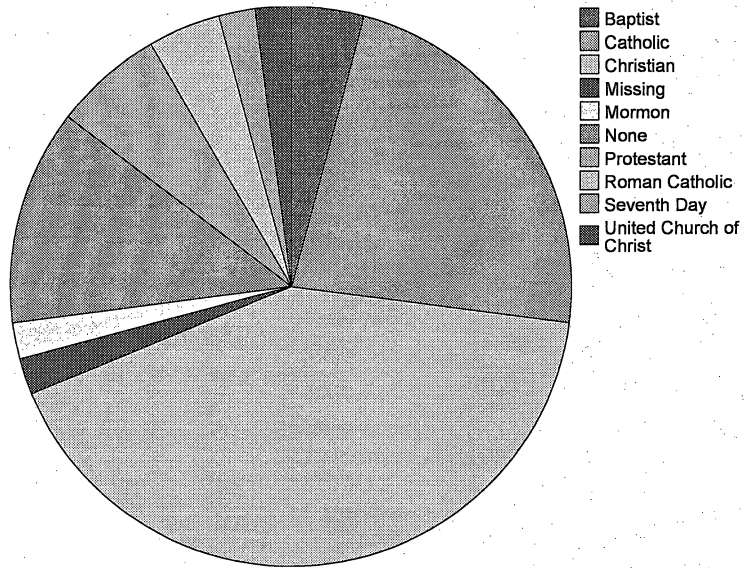
**Salary of Parent #1**



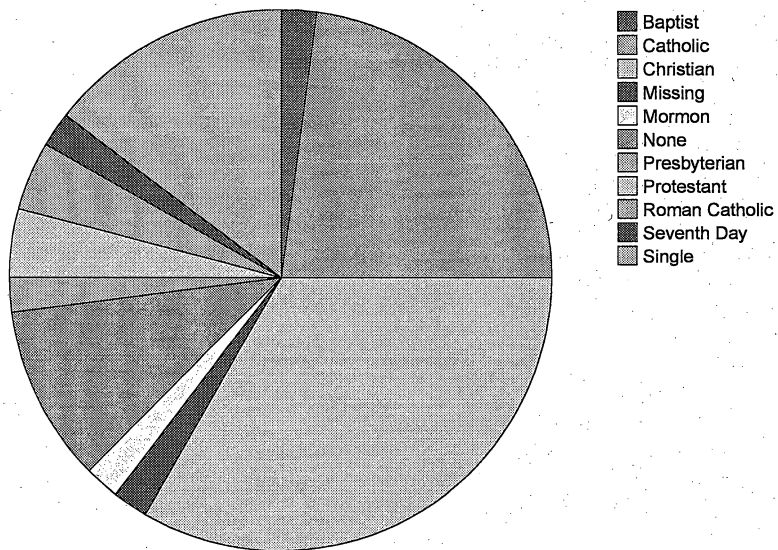
**Salary of Parent #2**



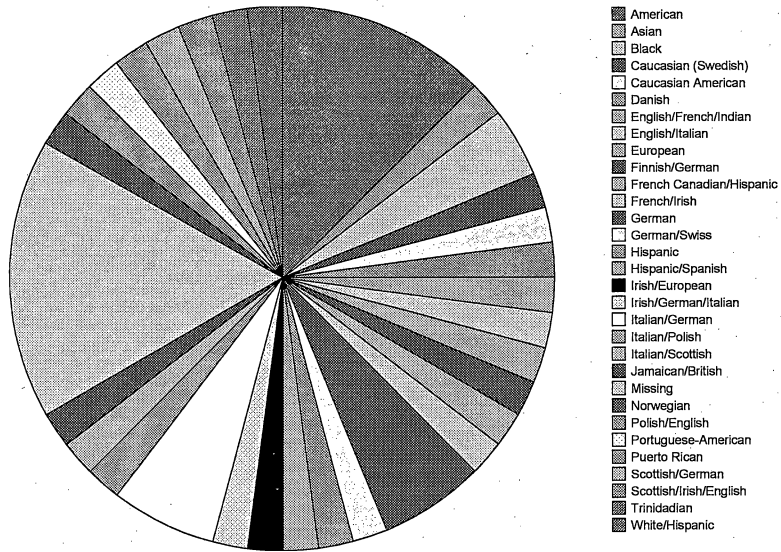
Religious Affiliation of Parent #1



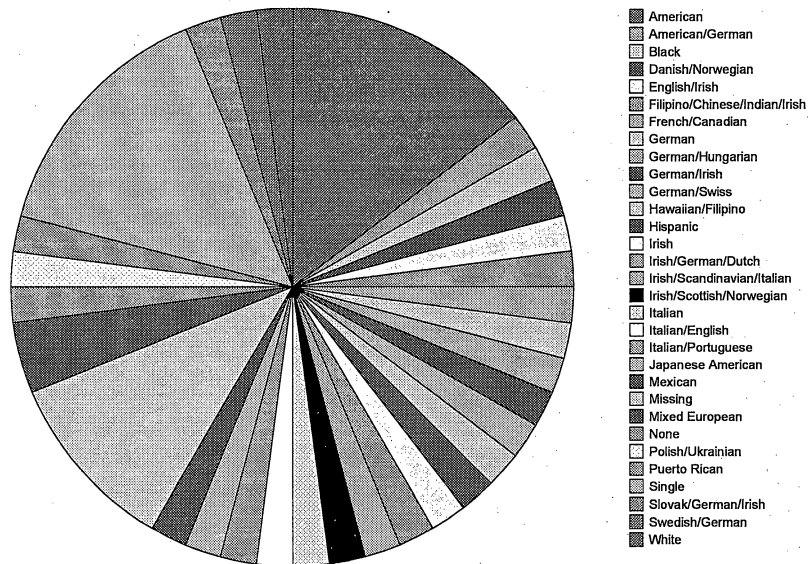
Religious Affiliation of Parent #2



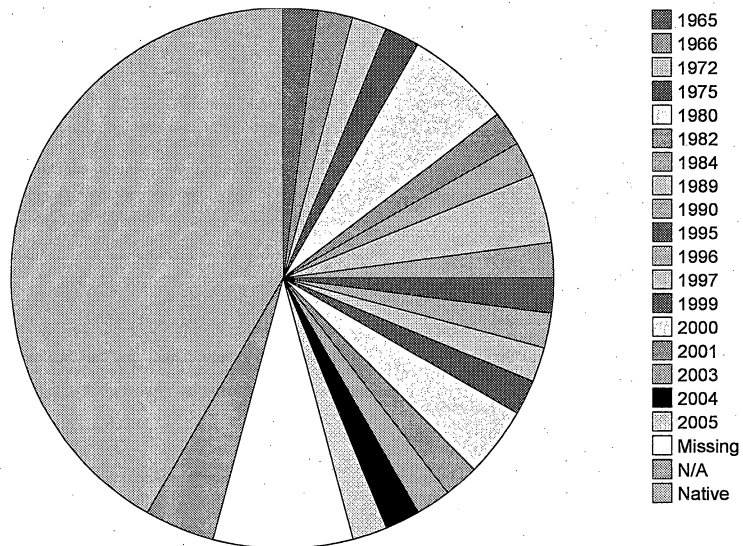
**Nationality Background of Parent #1**



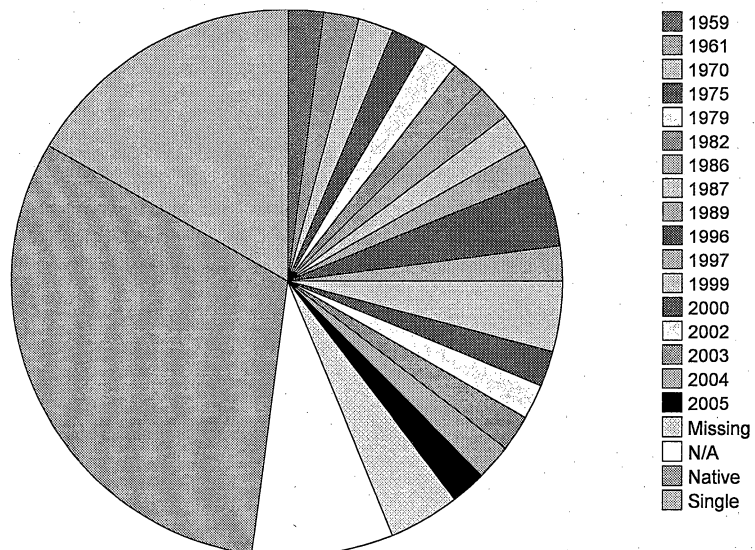
**Nationality Background of Parent #2**



**Date Moved into California of Parent #1**



**Date moved into California of Parent #2**



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